

## TRANSCRIPT ORDER FORM

District Court: Western District of Texas, El Paso div. District Court Docket No. 3:13-CR-370(1) DCGShort Case Title: US v Marco Antonio Delgado Court Reporter: ERO

## ONLY ONE COURT REPORTER PER FORM

Date Notice of Appeal Filed by Clerk of District Court: 10/12/2017 Court of Appeals No.: 17-50919**PART I.** (To be completed by party ordering transcript. Do not complete this form unless financial arrangements have been made.)**A. Complete the Following:**☐ No Hearings ☐ Transcript is unnecessary for appeal purposes ☐ Transcript is already on file in the Clerk's Office or**Check All of the Following that Apply, Enter the date of the proceeding in the blank line.**This is to Order a Transcript of the following proceedings: ☐ Bail Hearing: \_\_\_\_\_ ☐ Voir Dire: \_\_\_\_\_☐ Opening Statement of Plaintiff: \_\_\_\_\_ ☐ Opening Statement of Defendant: \_\_\_\_\_☐ Closing Argument of Plaintiff: \_\_\_\_\_ ☐ Closing Argument of Defendant: \_\_\_\_\_☐ Opinion of court: \_\_\_\_\_ ☐ Jury Instructions: \_\_\_\_\_ ☐ Sentencing: \_\_\_\_\_

Hearing Date(s)	Proceeding	Judge/Magistrate
1/6/14	Attorney Appointment hrg.	Honorable Miguel A. Torres

Failure to specify in adequate detail those proceedings to be transcribed, or failure to make prompt satisfactory financial arrangements for transcript, are grounds for DISMISSAL OF APPEAL.

**B. This is to certify that satisfactory financial arrangements have been completed with the court reporter for payment of the transcript.** The method of payment will be:☐ Private Funds; ☐ Criminal Justice Act Funds (Enter Authorization-24 to USDC eVoucher);☐ Other IFP Funds; ☐ Advance Payment waived by reporter; ☐ U.S. Government Funds☒ Other Invoice FPDSignature Donna F. Coltharp Date Transcript Ordered 11/3/2017Print Name Donna F. Coltharp Phone: (210) 472-6700Counsel for Marco Antonio DelgadoAddress 727 E. Cesar E. Chavez Blvd., Ste. B-207, San Antonio, TX 78206**PART II. COURT REPORTER ACKNOWLEDGEMENT** (To be completed by the Court Reporter and filed with the Court of Appeals within 7 days after receipt. Read instructions on page 2 before completing.)

Date Transcript Order Received	If arrangements not yet made, date contact made w/ ordering party	Estimated Completion Date	Estimated number of Pages

☐ Satisfactory Arrangements for payment were made on \_\_\_\_\_☐ Payment Arrangements have NOT been made. Reason: ☐ Deposit not received ☐ Unable to contact ordering party☐ Other (Specify) \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Reporter: \_\_\_\_\_ Tel. \_\_\_\_\_

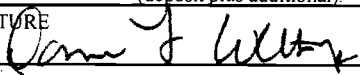
Address of Reporter: \_\_\_\_\_

**Part III. NOTIFICATION THAT TRANSCRIPT HAS BEEN FILED IN THE DISTRICT COURT** (To be completed by court reporter on date of filing transcript in the District Court and this completed form e-filed with the Court of Appeals.)

This is to certify that the transcript has been completed and filed at the District Court today.

Actual Number of Pages: \_\_\_\_\_ Actual Number of Volumes: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Reporter: \_\_\_\_\_

AO 435 (Rev. 03/08) (WDTX Mod. 6/5/08)		Administrative Office of the United States Courts		<b>FOR COURT USE ONLY</b> <b>DUE DATE:</b>	
<b>TRANSCRIPT ORDER</b>					
Please Read Instructions:					
1. NAME Donna F. Coltharp, Deputy FPD		2. PHONE NUMBER (210) 472-6700		3. DATE 11/3/2017	
4. MAILING ADDRESS 727 E. Cesar E. Chavez Blvd., B-207		5. CITY San Antonio		6. STATE TX	7. ZIP CODE 78206
8. CASE NUMBER 3:13-CR-370(1) DCG	9. JUDGE Hon. Miguel A. Torres	DATES OF PROCEEDINGS 10. FROM 1/6/2014      11. TO 1/6/2014			
12. CASE NAME U.S. v. Marco Antonio Delgado		LOCATION OF PROCEEDINGS 13. CITY El Paso      14. STATE TX			
15. ORDER FOR					
<input checked="" type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Atty. Appt. hrg.      1/6/2014	
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	
18. SIGNATURE 				PROCESSED BY	
19. DATE 11/3/2017				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	

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